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BLEPHAROPLASTIC OPERATIONS FOR THE RESTORATION OF THE  
LOWER EYELID.

BY J. NASON WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE well-known difficulty of remedying the everted state of the eyelid following severe burns and other accidents attended by a destruction of the integuments, has caused a great number of operations to be proposed for its relief.

The method of Dzondi, which has been most generally in use, and which consists in making an incision into the cicatrix, and by maintaining the lips of the wound separate and applying stimulating applications, to induce a full growth of granulations, and thus by a broader cicatrix to remedy the deformity, has altogether failed to produce the desired effect, the eversion almost invariably re-appearing on the healing of the wound.

Within a few years, since the introduction of the autoplasmic methods for the restoration of lost parts, the transplantation of cutaneous flaps for supporting the remains of the everted eyelid, has been followed by complete success. The comparative novelty of the operation in this country has led to the publication of the following cases.

CASE I. The subject of the first case was a boy, 12 years of age, from Weymouth, Mass. When an infant, through the carelessness of his nurse, he was dropped into the fire. The consequence was an extensive burn of the left side of the face, and a partial destruction of the lower eyelid. As the wound in the cheek cicatrized, the remains of the lid were completely everted, and the tarsal cartilage with its ciliz firmly bound down on a level with the lower edge of the orbit.

The effect of this state of things was a constant epiphora, none of the tears apparently following their natural channels, but running over the cheek and exciting much irritation of the integuments. From the long exposed state of the conjunctiva, this texture had become considerably thickened, presenting almost the appearance of epidermis, and the cornea, from the constant exposure to air, owing to the impossibility of closing the lids, presented an opacity which was daily increasing, and threatened the destruction of vision. Under these circumstances the following operation was performed on the 12th of June—Dr. Hooper, Dr. Salisbury, Dr. Dale, and some other medical gentlemen, being present.

An incision, about an inch and a half in length, was made parallel with the commissure of the eyelids and about two lines below the palpe-

bral margin, and after a careful dissection, the remains of the eyelid were separated from the edge of the orbit. The dissection was then continued upwards between the tarsal cartilage and the conjunctiva, and the connections so far destroyed as to allow the lid to be restored to its natural position. The thickened and diseased subcutaneous cellular membrane, which might interfere with a proper adhesion of the flap to be transplanted, was then completely removed.

By the separation of the edges of the skin, a large oval-shaped wound now presented, and this was to be filled by a portion of skin taken from a neighboring part. To effect this, an incision was commenced from the outer angle of the wound, and carried, in a semicircular direction, over the temple, at which point, under the hair, was the only portion of sound skin which had not suffered from the effects of the burn; an oval flap was here dissected out, about one third larger in size than was required, and having fully retracted, was twisted round and maintained in its situation by means of a number of points of the interrupted suture, and a slight pressure exercised upon it with a roller bandage. Before terminating the operation the thickened conjunctiva, which formed a considerable projection beneath the lid, so as to prevent its perfect application to the eyeball, was raised up and entirely removed.

The termination of this case was quite successful. At the end of four days the dressings were removed, and the adhesion of the flap was almost complete—a slight suppuration only, at its inner angle, having occurred. The parts were all considerably swollen. At the end of a week, the pedicle which connected the newly transplanted flap to the neighboring parts was divided, and bled freely, showing a free vascular connection. The patient was sufficiently well in a month to return home.

I saw him about three months after the operation, and he gave the following account of himself.

He was able to close the eye perfectly, and the tears had returned to their proper channels. The newly-formed lid seemed to fulfil all its functions, and there was no disposition in it to become everted. On an examination of the cornea, it was found that the opacity had so far disappeared as to be scarcely perceptible. The only circumstance which required a remedy, was a disposition in the new lid to stand out from the eyeball, as if from a swollen state of the conjunctiva; this was remedied by the repeated application of a pencil dipped in sulphuric acid, so as to destroy a narrow strip of the conjunctiva. The transplanted skin at first formed a considerable protrusion, but is gradually settling down to the level of the surrounding integuments.

CASE II. The second case was a young lady, 19 years old. The accident which produced the deformity was very similar to the preceding one—she having been allowed to fall into the fire when an infant, and being very badly burned in the face. From this resulted a very extensive cicatrix, affecting nearly the whole skin of the face, and in some parts implicating the subcutaneous textures. The left eyelid was drawn down and everted at its external angle, leaving the eyeball exposed at that point. From the destruction of the integuments of the cheek, the left angle of the mouth was drawn upward in a direction to meet the external

angle of the eye—there being about an inch and a half distance between the two. A large, firm band of indurated and thickened integument extended from the forehead perpendicularly across the bridge of the nose. The external edge of the right eye was also slightly drawn downward by a cicatrix, but the cheek of this side having partially escaped the effects of the burn, there was no eversion of the eyelid. The following operation was planned and executed on the 7th of November, in the presence of Dr. Coates of Philadelphia, Dr. Bethune, and Dr. Warren, Sen.

An incision, two inches in length, commencing on the cheek, midway between the eye and upper lip, was carried with a semicircular sweep in a direction upward and outward towards the ear, its convexity being downward. The skin was then dissected up both above and below, so as to relieve the traction of the integuments in either direction, and on this being accomplished, no difficulty was experienced in restoring the eyelid and angle of the mouth to their natural positions.

From the separation of its lips, the wound on the cheek now gaped widely open, being an inch in the perpendicular, and two inches in the transverse diameter, and this was to be filled up by borrowed integuments. The effects of the burn having penetrated into the muscular substance, it was necessary first to remove all the indurated substance covering the floor of the wound, which was not done without considerable suffering to the patient, this new-formed texture possessing, apparently, a high degree of sensibility. A large oval-shaped flap, one third larger than was absolutely necessary to fill the wound, was now dissected from the temple, twisted round, and without difficulty adjusted, and secured in its new situation by means of sutures, as in the preceding case. The wound on the temple was drawn together by sutures, and in a direction to favor the transplanted skin in remedying the deformity.

The unseemly cicatrix on the bridge of the nose was now completely dissected out. The vessels which were divided during the operation were allowed to bleed until they ceased voluntarily, it being desirable to avoid ligatures. The wound was dressed with graduated compresses and secured by a roller bandage. The patient was requested to keep perfectly quiet, and not to attempt to use her voice. Notwithstanding the injunctions, she was led to talk considerably during the afternoon, which brought on a slight hæmorrhage, not sufficient to cause much trouble at the time, but which, it was subsequently discovered, had partially prevented the union of the transplanted flap.

But little constitutional irritation followed the operation. On the fourth day the bandage was removed, and two thirds of the flap was found to have united; the inner portion towards the nose was raised up by a coagulum of blood, and the union at this point, of course, defeated. The wound on the temple had, in a great measure, united by the first intention. On the sixth day the ligatures were all removed, and the inner portion of the flap, which showed a disposition to slough, was cut away—the wound, at this point, where, fortunately, the support was least required, being allowed to heal by the second intention.

At the end of six weeks the wounds had all healed, and the patient returned home, greatly improved by the operation. There seemed to be

no disposition in the eyelid to become everted, and its functions were well performed. The mouth was also restored to nearly its natural appearance. The facial expression was greatly improved by the removal of the unsightly band which projected out over the bridge of the nose.

CASE OF ANOMALOUS KINE POCK, WITH REMARKS UPON THE  
SUBJECT OF VACCINATION.

BY STEPHEN W. WILLIAMS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

In the early part of March, 1840, I inoculated A. B., aged five years, with kine-pock matter in a limpid state and perfectly pure. I used the same matter for inoculating about a dozen children on the same day. They all did well, and passed regularly through the complaint, except this little boy. About eight or ten days after the inoculation, an eruption appeared on various parts of the body, hands and face, almost exactly resembling the vesicles of kine pock in a state of maturation. The symptomatic fever was high, and the patient was quite sick. I immediately visited all my other patients whom I inoculated at the same time, and found them doing well, and not a single unfavorable symptom about them. They passed regularly through the complaint.

This patient had, when quite an infant, and for many months afterwards, been troubled with a most inveterate *salt rheum*, or *psoriasis inveterata* or *diffusa*, which for a year or two yielded to no remedies which were prescribed for it. It was confined almost exclusively to the head and face. It was finally cured by the tar ointment, and the long-continued internal use of Fowler's mineral solution. He had no eruption about him at the time he was inoculated.

What was very singular in this case was, that the father of the child, who passed regularly through the smallpox in the year 1796, I believe, was attacked with eruption about the time I discovered the anomalous vesicles in the child. I did not see him at the time, but he has since informed me that his eruption exactly resembled the smallpox which he had in the above-named year. He had now no constitutional symptoms. Two other children of his, who had several years before been inoculated and passed regularly through the kine pock, were attacked in the same manner with the father, and had a similar crop of eruptions. It was supposed to have been communicated to them from the child, by wiping themselves upon the same towel. I consider the case somewhat singular, and I trust you will excuse me for communicating it for your Journal.

While on this subject, will you allow me to make a few remarks upon one or two controverted points in relation to vaccination. Some of the observations which I shall make have been presented to the public in a different journal, more than a year ago, but they are so much modified that they may be deemed sufficiently important to be inserted here.

1. In relation to the kine pock being a protection against the smallpox only for a limited time. I very well recollect that a great objection to

the cowpox, so long ago as the year 1803, when it was first introduced into this section of the country, was, that it would protect the system only for the space of seven years, under the supposition that the human body underwent a radical change in that time. This objection has been urged against it by many ever since. I was inoculated for the kine pock that year, and went regularly through the complaint. In the year 1813 I attended medical lectures in the city of New York. One of the professors at that time informed the class that there were several cases of smallpox in a family of blacks in the city, and stated that if any of the class had been vaccinated, and had any desire to see the complaint, they could be waited upon by the attending physician. I availed myself of the opportunity, and visited a great many patients who were laboring under the confluent stage of that most disgusting malady. I examined their pulse and tongues without the least fear of contracting the complaint. And I escaped with impunity, never having had the least vestige of the disorder, notwithstanding it was ten years after I had the cowpox. Thousands of others have passed a similar ordeal, and with the same impunity. So much, then, for the seven years' humbug.

If the genuine *cowpox* is not a certain protection from smallpox through life, I must confess that it is a great anomaly. To other complaints, such as the measles, the whooping cough, the mumps, the chicken pox, and many others, the patient is not often subject to a second attack, and whenever such an attack does take place, as it sometimes does, I consider it to be only an exception to a general rule. I have seen secondary attacks of most of the above complaints. I have no doubt, in my own mind, that genuine cowpox completely protects the subject through life from the contagion of smallpox. Nor have I any doubt that many of the cases of varioloid, or, as it may be more correctly termed, the modified or secondary affection of smallpox, may be referred to spurious cowpox, or from formerly having had the smallpox so lightly as not to prove a *thorough* protection against a future attack of it. Most of my reading and observation confirms me in the truth of this opinion. All physicians who have witnessed the varioloid, agree that it is much milder than the genuine smallpox, and that it is so modified that it is much slighter than that complaint. If the above opinion is correct, then it follows that even spurious cowpox is some protection, though it should by no means ever be relied on. Patients, and even physicians, have sometimes been deceived in relation to secondary smallpox. Even persons who have been thoroughly protected by having previously had genuine smallpox, have sometimes had a secondary crop of eruptions from attending upon patients laboring under smallpox, and such cases may have been pronounced to be varioloid. From the report of many respectable physicians on the subject of varioloid, it appears that many who had spurious smallpox had been previously vaccinated. Almost every one of these had the disease so slightly that they could hardly consider it an indisposition, a death hardly ever occurring from it. Were it not for the fact that matter taken from these subjects will produce genuine smallpox, we should almost be inclined to doubt whether the varioloid had anything to do with the smallpox. Thousands, if not millions, who have been vaccinated, have been exposed to the smallpox

without ever having had the varioloid. The confidence of physicians in relation to the protective influence of cowpox was never greater than at this moment. Dr. Waterhouse, in a letter in the American Medical Recorder, in 1828, says, that "Dr. Fancher has inoculated more people for kine pock than any man in America, and perhaps in the world, and has never been pestered with complaints of varioloid after his inoculations." Dr. John Redman Coxe, of Philadelphia, one of the most learned physicians in America, who was the first to introduce cowpox into that city, and who published a book upon it in 1802, says, in answer to a query put to him by a committee appointed to investigate the subject, "that he has no reason to believe that any case that has thus come under his care has been subsequently affected with what is termed the varioloid." Although varioloid, according to the reports of eminent physicians, may sometimes have occurred after genuine vaccination, I have many facts to show that it has often happened after spurious vaccination.

Since the year 1813, at various intervals, I have been engaged pretty extensively in inoculating for the kine pock. I have always found great opposition to the reception of vaccination, from the disbelief of the people in regard to its efficacy, and great numbers have refused to be inoculated on account of the expense of from twenty-five cents to a dollar. Many of them have inoculated themselves with penknives, pins and needles, most of them paying no regard to the time of taking the matter for inoculating. Such, of course, had the spurious disease, which, as I have stated above, is but an imperfect protection against the smallpox. They have supposed that they had the genuine cowpox, because they had very sore arms, and were, perhaps, otherwise slightly indisposed. They have indeed had sore arms, much sorer than if they had been regularly inoculated by persons who understood the subject. But the chance of their having had the genuine complaint, is altogether against them; for there is but one period of the disorder in which it is proper to take the matter, and of that period it is not to be supposed that they know anything. I gave it as my opinion more than twenty-five years ago, that vaccination would be brought into disrepute, and the public confidence in it would be shaken, from the indiscriminate manner in which it would be resorted to by those who know nothing about it, and that smallpox would again become prevalent in consequence of this indiscriminate inoculation, destroying what ought to be the universal belief in the efficacy of the genuine cowpox. The event has demonstrated the truth of this opinion. When I see the easy credulity of the people in relation to animal magnetism, natural bone-setters, and swallowing patent medicines by the handful and by the pint, even when prepared by the most ignorant numbskull in the community, I am surprised at nothing in relation to their gullibility. "Ignorance and credulity," says Dr. Darwin, "have ever been companions, and have misled and enslaved mankind." I have ever given it as my opinion that it requires greater skill and judgment to manage a case of kine pock correctly, than a case of smallpox.

2. *Re-vaccination.*—In relation to re-vaccination, I would advise it in all cases where there is the least doubt of the genuineness of the original inoculation, and I would earnestly entreat all who have been inoculated

by any other than experienced physicians, immediately to resort to it. There is no safety for them unless they pass through this process. If they have had the genuine disease, a slight sore will only be induced at the place of inoculation, which will speedily heal, and no constitutional symptoms will result. I have been in the habit of re-vaccinating many of my patients every four or five years, or as often as I happen to be inoculating for the kine pock. I have never known one of such patients to have a single symptom of kine pock. Far less can I subscribe to the opinion of a writer in the Boston Medical and Surgical Journal, that vaccination is not a protection for life to those who have been inoculated before the age of puberty, or in infancy, and that in order to protect them it is necessary to re-vaccinate them after that period. I have re-vaccinated after puberty great numbers of those whom I inoculated in infancy, and have found them equally unsuceptible of kine pock as others.

3. *Deterioration of the Kine-pock Virus.*—An idea has obtained among many medical men, that the cowpox matter deteriorates the farther it is removed from the cow. I am not disposed to believe the truth of this assertion, nor am I possessed of facts sufficient to disprove it. If this is a fact, it is a most singular one. All I can say upon the subject is, that previous to the year 1839 I have used matter which has passed from subject to subject, perhaps even from the commencement of the present century, and that upon re-vaccinating patients who have been inoculated with this matter, I have not been able to induce the genuine cowpox, which would seem to prove that this doctrine is not correct.

Another thing which argues strongly against this position, is that a series of experiments have recently been instituted, by inoculating the cow with genuine smallpox matter, which in passing through her system is so far modified that in her it became genuine cowpox. The human subject, when inoculated with this matter, is afterwards exempted from an attack of smallpox. The milkers in Jenner's dairy district, infected with smallpox, probably communicated the infection to the cow, and she, through Jenner, has communicated her mild and modified disease to the world. If cowpox is modified smallpox, of which I have little doubt, then I think we have little to fear from the deterioration of the kine pock in passing through the human subject. I believe it will be acknowledged that smallpox never deteriorates or becomes spurious in the human subject.

I have thus given my opinion upon some points of this most glorious discovery of Jenner. I would not speak with the utmost confidence upon the correctness of all of them, although I have attended with great interest to the subject, and have examined a great many authorities upon it. If I am wrong, I trust that my professional brethren will correct me with the same candor with which this communication was written. I wish only for the universal spread of the kine pock, and for the complete extermination of the smallpox. Already it is disrobed of half its terrors, and the average duration of human life is extended two years, or from 30 to 32 years, in consequence of this great discovery. I have the fullest confidence in the belief that the genuine cowpox is a sure, safe, and effectual preventive of smallpox, and that if the inoculation of it with genuine



matter were universally adopted, the smallpox would be entirely eradicated from the world.

*Deerfield, Ms., March 11th, 1841.*

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MASSACHUSETTS GENERAL HOSPITAL—SURGICAL CASES TREATED  
BY J. C. WARREN, M.D.

REPORTED BY S. PARKMAN, M.D.

*Tubercular Disease of Bones of Elbow-joint—Amputation—Cure.*—S. H., *et.* 32, farmer; Holden, Mass. This man, previously of good health and constitution, about five years since, in the autumn, injured his right elbow by a blow on the edge of a large kettle. He experienced, however, no inconvenience till the following spring, when he began to perceive some pain, for which a blister was applied; while this was healing the arm was in a sling, and after it was healed the arm could not be perfectly extended, which difficulty has continued since. The joint at this time also appeared much enlarged. Nine months since, an abscess formed over the external condyle, which was opened and remained so sixteen weeks. Upon the healing of this, another appeared below olecranon. Eight weeks since, another abscess opened in the seat of first, over external condyle, continuing fistulous to the present time. Since then, flexion of the arm, except in the slightest degree, has been impossible. Has used the arm till within a year past. Has been treated by iodine without effect.

He entered the Hospital Dec. 24, 1840, presenting the appearance of one considerably reduced by suffering, though there was no evidence of any affection of the visceral organs. The pulse were accelerated, generally about 92; he suffered considerable pain in the arm, at times sufficient to prevent sleep. The elbow-joint was slightly flexed, rigid and swollen universally, the swelling extending somewhat upon the arm and forearm. Over the external condyle there existed a small fistulous opening, admitting a probe about one inch and a half. The diagnosis in this case presented no great difficulty. This was undoubtedly an instance of tubercular disease of the bone, so well described by the French writers Nelaton and Nichet, the disease commonly known as scrofula of the bone—the term scrofula denoting a state of the economy in which there is a tendency to the deposition of tubercular matter in different organs, as the skin, glands, bones, &c., the same disease, in fact, so well known in the lungs under the name of phthisis. It would be beyond our limits to more than notice the disease in this general manner; for a more full description, the reader is referred to a translation of Nelaton's paper, in the first No. of the New York Journal of Medicine and Surgery.

The only remedy in this case could be a removal of the disease by a surgical operation. We are aware that Lugol, who is at the head of the scrofulous wards of the Hospital St. Louis, at Paris, and has studied this disease very fully, utterly condemns, in lectures lately published in foreign journals, the practice of amputation in these cases, and considers



iodine to be a sovereign remedy. He objects to the operation, the almost constant recurrence of the disease in some other part. The best surgeons, however, are inclined to the opinion that iodine, however powerful it may be, and its efficacy is not disputed as a local application to tuberculous ulcers of the skin or glands, is utterly powerless before the disease when it has attacked the spongy tissue of the bones. The tubercular matter, it is true, may also be thrown off and the cavity filled up by the powers of nature, as is seen in some cases of tubercle of the spine. But the chances of so favorable a result are too small, where the disease has advanced as in the present instance, to allow us to incur the risk of implication of the general health by the continued suppuration. Immediate recourse to the operation, however, was prevented by the state of the general health; and even in cases where no delay is necessary from the health of the patient, it has been found advisable to retain the patients some time in the wards before submitting them to capital operations, in order to undergo a species of acclimation. This delay has in several instances appeared to exert a favorable influence towards a speedy and uninterrupted convalescence. With these views the operation was delayed until March 13th. During this time the pain in the elbow was counteracted by the exhibition of opiates internally and externally. Careful attention was also paid to the diet and regimen, and before the operation animal food with three glasses of wine daily was allowed. At two separate times abscesses formed over the internal condyle and olecranon, giving issue to a creamy flocculent pus in some quantity, and attended with considerable febrile exacerbation during their formation, which subsided after their opening. The pain became gradually less during this time, the appetite improved, and all the symptoms underwent a manifest amelioration.

On March 13th the limb was amputated by the circular method, above the elbow. There was considerable adhesion and want of retractility of the skin from the effusion of lymph, as is generally observed in the neighborhood of any long-continued disease of this nature. The main artery and three muscular branches were secured, and the ligatures cut close to the vessels; the lips were retained in their place by a single suture and one adhesive strap, and a compress wet with cold water was applied to the surface of the stump, without any bandage.

The wound in this case united by the first intention, except at its internal angle below where the ligatures were situated. No suppuration occurred, and no discharge beyond a colored serous fluid in small quantity. The patient had no pain after the first hour, and no swelling of the part except on one day. On the tenth day after the operation he walked out, and went home at the end of three weeks.

These favorable results are to be attributed to the following causes:—  
1. The treatment before the operation, managed first to allay the inflammatory action, and afterwards to improve his strength by the animal food and wine. 2. The stump being kept cool, by avoiding a close dressing of plasters and bandages. 3. The careful and regulated application of compresses moistened with cold water. 4. The cutting the ligatures close to the vessels; and, 5. The attentive regulation of the alimentary apparatus—the patient being kept on unstimulating liquids for the first three or four

days, and gradually raised by nutritive articles as soon as the vascular action would permit.

*Inspection of Arm after amputation.*—Appearance of arm exsanguine, with a general swelling of the soft parts produced by effusion of lymph at the elbow, and of serum at the lower part of arm and fingers. The muscles were wasted. Three apertures appeared in the skin, leading by circuitous passages to the interior of the joint, so that a probe could nowhere penetrate from the surface of the skin directly into the joint. The tendon of the triceps and others near were in a thickened and softened state, as also the ligaments, so that no distinct fibrous organization could be distinguished in the lateral, anterior or posterior ligaments. They were transformed into a white semi-gelatinous mass. The nerves running over the articulation were enlarged from exudation of lymph in the neurilemma. The ulnar nerve was imbedded in lymph as it passed over the back of the internal condyle; and would have been somewhat difficult to find in an operation of excision. The condyles of the os humeri presented no enlargement, which they did before the operation—a deception produced by thickening of the periosteum, but principally by lymphatic deposit in the different tissues.

The interior of the joint was lined with a glutinous, flocculent exudation, constituted by thickened and disordered synovial fluid. The investing cartilages were entire, with the exception of one point where there was a slight abrasion exposing a rough, bony surface, not an eighth of an inch in diameter. In all other parts the synovial membrane coated the articulating surfaces.

On making a section of the external condyle, a surface presented itself covered with minute white globules, except at two points near the surface, where, instead of these globules, a perfectly white, soft substance was seen, in either case near a quarter of an inch in diameter, occupying cavities hollowed out of the bone, one of which communicated with the articulating surface of the condyle. Near the white substance the globules were clustered in the closest apposition one to the other. These globules were tubercles, answering to the miliary granulations seen in the lungs; and the white substances, a softened state of a number of these bodies.

In the phenomena described above, there was nothing to indicate the texture in which the disease began; whether in the ligaments, cartilages, synovial membrane or bones. Probably it commenced in a tuberculous state of the last-named organs. Yet the disorganization of these was not so remarkable as that of the other parts.

It is perfectly obvious that the disease was not to have been cured by medicine. Whether the patient could have been saved by excision of the elbow, leaving him the hand and forearm, admits of a question. Excision is a more difficult and painful operation than amputation; and its impression on the constitution more considerable. It has been practised once in this hospital, and the patient got through the operation and its immediate consequences; but the operation did not have the effect of arresting a diarrhoea which had continued some months, and the patient fell a victim to this disease three weeks after the operation.

The distinguished surgeon, M. Velpeau, has collected all the known

cases of excision of the elbow-joint, and finds them to be about sixty in number. Of these, forty terminated favorably. Hence he concludes that this operation is justifiable and proper, when the circumstances present nothing particularly unfavorable.

In the case here related, the operation would have perfectly removed the diseased bones, but the unhealthy state of the surrounding parts might have rendered the success uncertain.

It is to be remarked, that before the operation, there was so little motion of the joint, that it might have led to the belief of a partial ankylosis. The examination of the limb showed, however, that no such ankylosis existed, nor even the appearance of a tendency to it, at the time of amputation. The immobility of the joint arose from the effusion of lymph, and consequent agglutination of the muscles.

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CASE OF ULCERATION OF THE STOMACH, SUDDENLY FATAL BY PERFORATION.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—The following case, which lately came under my observation, will serve to show the insidious manner in which this formidable disease will sometimes advance, with symptoms which are liable to be considered as merely dyspeptic. If you deem it worthy of notice, you are at liberty to dispose of it as you think proper.

Canterbury, Ct., March 28th, 1841.

Respectfully yours,

LEWIS PHINNEY, M.D.

Mrs. I. Matthewson, of this place, aged 21, had been affected for about four months with variable appetite, and occasionally an uneasy sensation in the stomach, sometimes amounting to pain. During these attacks she was in the habit of sitting with her body bent forward, and her hand pressed upon the epigastric region, which afforded her temporary relief. Little notice was taken of her complaint, nor any remedial means employed, as she was able to go about and pursue her ordinary occupation (that of a domestic), and was otherwise in good health. On the 10th of January, while attempting to walk to a neighboring house, she was heard to scream violently, and instantly fell by the road side. A sister immediately ran to her assistance, but found her unable to express her feelings, except by violently pressing her hand on the pit of her stomach. She was taken home, and soon after seen by Dr. Palmer. She was moaning as if in extreme agony, but was unable to speak; the pulse was frequent and very weak. She experienced considerable difficulty in swallowing, but soon after vomited the contents of the stomach, which was mostly food she had recently taken.

Various remedies were employed, but without relief. She continued with every appearance of extreme suffering, and was unable to speak till eight o'clock next morning, when she said the pain had somewhat abated, but was still considerable in the pit of the stomach, and was extending down the abdomen. The abdomen was now becoming distended and

very tense. The pulse was extremely feeble, and the countenance expressive of the greatest suffering. Nothing afforded the slightest relief, and she died about ten in the morning, 24 hours after the attack.

*Autopsy* 24 hours after death.—Present, Drs. J. Palmer and H. Carpenter. Thoracic viscera healthy, with the exception of some slight adhesions of the lungs to the pleura costalis. The peritoneum was distended with air, and likewise contained upwards of twelve pounds of fluid, of a pale yellow color and fetid smell. There were slight but extensive inflammatory depositions on the surface of the intestines, producing adhesions to each other, and to the parietes of the abdomen. On the lower part of the small curvature of the stomach, near the cardia, was a perforation, the size of a sixpence. Internally this opening communicated with an ulcerated portion of the mucous membrane, about the size of a dollar, with indurated edges, and considerable loss of substance. The stomach in all other respects was entirely healthy, as were all the other viscera of the abdomen.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, APRIL 14, 1841.

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### MASSACHUSETTS HOSPITAL REPORTS.

ARRANGEMENTS have been made for publishing, in this Journal, a series of hospital reports for the ensuing three months, while Dr. Warren has charge of the surgical department of the institution. This cannot be otherwise than interesting to those who are acquainted with the elevated character of that excellent Hospital. Dr. Parkman, the reporter, may be relied upon for accuracy, and we therefore recommend his papers, one of which may be found in to-day's Journal, to the respectful attention of our medical readers.

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*Death of President Harrison.*—An anxiety is manifested to have a detailed account of the manner of treating the disease which caused the death of Gen. Harrison, late President of the United States. In the first place, as a people, suddenly called upon to deplore the loss of the chief magistrate of a great country, every one has a direct interest in the solemn event, and any account from the physicians who were in immediate attendance from the beginning to the termination of this unlooked-for national calamity, would be received with peculiar favor. The medical advisers will undoubtedly furnish a minute history of the case, to be laid up in the archives of State, and to be extensively published not only here, but in foreign countries. The following is the report which has already been made.

On Saturday, March 27, 1841, President Harrison, after several days' previous indisposition, was seized with a chill and other symptoms of fever. The next day pneumonia, with congestion of the liver, and derangement of the stomach and bowels, was ascertained to exist. The age and debility of the patient, with the immediate prostration, forbade a resort to

general bloodletting. Topical depletion, blistering, and appropriate internal remedies, subdued, in a great measure, the disease of the lungs and liver, but the stomach and intestines did not regain a healthy condition. Finally, on the 3rd of April, at three o'clock, P. M., profuse diarrhoea came on, under which he sank, at thirty minutes to one o'clock, on the morning of the 4th.

The last words uttered by the President, as heard by Dr. Worthington, were these: "Sir, I wish you to understand the true principles of the Government. I wish them carried out. I ask nothing more."

THO. MILLER, M.D., Attending Physician.

FRED. MAY, M.D.,

N. W. WORTHINGTON, M.D.,

J. C. HALL, M.D.,

ASHTON ALEXANDER, M.D.,

} Consulting Physicians.

*Medical Reform in England.*—For many successive years, one or two of the London medical journals have made the subject of *medical reform* the untiring subject of editorial complaining. As in political parties, there seems to be a ceaseless strife among them for power, without any definite object in view beyond the mere possession of that indefinable something that is imagined to be lodged in the wrong hands. It so happens that the profession on this side of the Atlantic neither know nor care what becomes of either party, since all experience demonstrates that the servant makes the greatest tyrant. But as nearly as the matter can be analyzed, those holding lucrative official stations, in the celebrated metropolitan schools of medicine, or commanding stations in any of the London hospitals, which give the possessors both fame and guineas as a thing of course, are envied excessively, even to hatred that is undying, because they cannot be driven out of their comfortable quarters. Were the multitude of medical patriots but once seated in the carved chairs of their full fed and full fee'd brethren, who are anything but brotherly, not another word would probably be heard of shameful abuses, surgical monopolizers, poor-house commissioner sinners, &c., unless it came from the dispossessed members. With this view of the much-talked-of medical reform in Great Britain, we have no sympathies to extend, since no one is wounded, though the fight has been a long one. A similar state of feeling is beginning to be developed in our own country in relation to many of the profitable, and some of the unprofitable, medical seminaries among us, which, as the profession increases, will probably become loud in its demands for a tithe of the loaves and fishes; and this will finally be a call for a medical reform, as it is in England—when in fact the truth is, the clamorous ones will talk of public good, and all the while mean their own.

*Public Health in Siam.*—In the closing part of a communication from Dr. Bradley, in the Missionary Herald of April 1st, dated at Bangkok, Aug. 24th, 1840, occurs the following observations: "Our efforts to meliorate the temporal condition of this people have probably operated powerfully to inspire the ignoble with confidence in us. The work of inoculating for the smallpox, about a year and a half ago, will ever be remembered with much gratitude by them. And our success in vaccinating during the months of February, March and April last, has no doubt increased

this confidence. The lymph was received from Dr. J. V. C. Smith, of Boston, by the reinforcement. It passed through fifteen successive persons in Bangkok, and was then cut off at once, about the first of May, at which time there was much thunder, with copious showers of rain. I suspect it will be very difficult, if not impossible, to propagate vaccination in this climate during the wet season. Smallpox itself dies very nearly away while thunder and rain are abundant. It annually begins to prevail about the first of the dry season, in November, and continues to increase in frequency and malignity until the rains have thoroughly set in." "I had almost forgotten to state that the Siamese reformation in opium is yet in vigorous progress, though it is much less noisy than last year."

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*Thomsonism in the State of New York.*—Through the politeness of Dr. Trowbridge, Jr., of Watertown, N. Y., we are put in possession of a part of the minority report of a select committee of the Assembly of that State, on the subject of the petition of the Thomsonians dwelling in that Commonwealth. It will be recollected that this school of medicine mongers asked to be put on an equal footing with the medical practitioners whose authority is derived from the Medical Society. Their friends, to the number of thirty-six thousand, signed the prayer; but they most miserably represented the intelligence of the people. Unfortunately, the official document is too long to be copied in full, and short extracts would be like half a meal—insufficient to satisfy the appetite. There is cogency, pungency, and one uninterrupted chain of good common sense pervading the argument of the report.

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*Non-restraint of Lunatics.*—Notwithstanding the approval of all considerate, humanely disposed managers of the insane, of what is now distinctly called the non-restraint system, so admirable in practice in this country, a Rev. Mr. Trimmer has impeached it, as pursued in the Hanwell institution, and is, or rather was, sustained by Sir John Scott Lillie, another unknown, at a meeting of Middlesex magistrates, on the 11th of February last. These two men are sticklers for straight jackets, handcuffs, and, for aught we know to the contrary, cropping and branding. Great cry is made about some two or three patients who found opportunity for committing suicide, which might have been prevented had their hands and feet been pad-locked to an iron bolt. This old doctrine cannot be tolerated here, even should it be revived at Hanwell.

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*Marine Hospital at Providence.*—Levi Wheaton, M.D., has received the appointment of surgeon to this institution. No one has informed us whether some one has been removed to make way for Dr. Wheaton, or not. This is the only new medical appointment announced since the commencement of the new administration, although several at one time were anticipated.

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*Royal Medical Appointment.*—Dr. Forbes, editor of the British and Foreign Medical Review, has received the dignified appointment (so considered in England) of physician in ordinary to her Majesty's household. Dr. Forbes was but recently made physician extraordinary to H. R. H. Prince Albert.



**Typhus Fever in Edinburgh.**—This disease was raging, a few weeks ago, amongst the poor of the city. All the wards of the Royal Infirmary were thrown open to them, and speedily filled. There were in the institution three hundred and ninety-eight patients, of whom one hundred and thirty-nine had the fever. Large quantities of wine and spirit were used in the treatment.

**To the Editor.**—DEAR SIR,—In a note to a case of "Bronchial Polyposis," in your Journal for March 31st, you state that I saw the expectorated matter and called it "*serum*." So obvious an error hardly requires correction; *lymph*, however, was the word I used.

April 10.

Respectfully yours,

J. B. S. JACKSON.

**Jefferson Medical College of Philadelphia.**—At a meeting of the Board of Trustees, held on Tuesday the 6th inst., the following gentlemen were unanimously appointed to their respective chairs—Drs. Dunglison, Huston and Pancoast being members of the former faculty:—Institutes of Medicine and Medical Jurisprudence, Dr. Dunglison; Materia Medica and General Therapeutics, Dr. Huston; General, Descriptive and Surgical Anatomy, Dr. Pancoast; Practice of Medicine, Dr. J. K. Mitchell; Practice of Surgery, Dr. Randolph; Institutes of Surgery, Dr. Mutter; Obstetrics and Diseases of Women and Children, Dr. Meigs; Chemistry, Dr. Franklin Bache.

**TO CORRESPONDENTS, &c.**—The communications of Drs. Stedman and Graves, in addition to others before acknowledged, will be inserted as expeditiously as the limits of the Journal will admit.

The publisher takes the liberty of calling the attention of subscribers to the bills which have been sent out in late Nos. of the Journal, or which may be sent out in the course of a few weeks. All who thus receive their bills will confer a special favor by forwarding the amount due through their respective postmasters, who, as is well known, are authorized to frank letters containing subscription money for periodicals.

**MARRIED.**—At Mansfield, Ct., Seldon C. Preston, M.D., of Eastford, to Miss Marietta Spofford, of Mansfield.—At Marshfield, Mass., Dr. Charles C. Hunt, to Miss M. Phillips.—At Ryegate, Vt., Dr. Eli Perry to Miss M. Hull.

**DIED.**—At Waltham, Mass., Uriah Hager, M.D., 64.—At Philadelphia, Samuel Colhoun, M.D., 55, Prof. of Materia Medica in Pennsylvania Medical College, dean of the faculty in that Institution, and formerly editor of the Medical Recorder—a great public loss.

Number of deaths in Boston for the week ending April 10, 56.—Males, 18; Females, 18. Stillborn, 7. Of consumption, 7—old age, 3—apoplexy, 2—smallpox, 2—dropsy, 2—bronchitis, 1—convulsions, 1—tabes mesenterica, 1—debility, 1—burn, 1—measles, 4—casualty, 1—dropsy in the head, 1—croup, 3—infantile, 2—scarlet fever, 1—lung fever, 1—ulcers in the bowels, 1—fever, 1.

#### A TREATISE ON STRABISMUS, OR SQUINTING,

AND THE NEW MODE OF TREATMENT—Illustrated with Engravings and Cases. By John H. Dix, M.D. Just published, and for sale at the office of the Boston Medical and Surgical Journal, and at the store of William Crosby & Co., 118 Washington street. Ap 14

#### A PHYSICIAN,

Who has been in practice thirteen years, wishing to exchange his location, would like to associate, as partner, with some physician in extensive business—or to take the place of some one about to retire from the active duties of the profession. The editor may be addressed—letters of inquiry post-paid.

Ap 14—cop6w



## ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 55 Belknap street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John C. Warren, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Filat, J. V. C. Smith.  
Boston, April 14, 1841. tf

## TREMONT-STREET MEDICAL SCHOOL.

THE annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupillage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarise them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

JACOB BIGELOW,  
EDWARD REYNOLDS,  
D. HUMPHREYS STORER,  
OLIVER W. HOLMES.

Boston, June 24, 1840.

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## LEBANON SPRINGS.

THE subscribers have made arrangements for the treatment of patients suffering from chronic diseases, whereby they can avail themselves of the powerful auxiliary afforded by the use of the Lebanon Spring water, in the form of cold, warm, vapor and shower bath. The Lebanon water, in purity and temperature, has a strong resemblance to the famous Bristol and Buxton waters, and its remedial power is well attested.

August, 1840.

A. 26.—12t

JOSEPH BATES, Lebanon Springs.  
CHILDS & LEE, Pittsfield.

## PRIVATE MEDICAL INSTRUCTION.

THE subscribers having been long engaged in private medical instruction, propose to receive pupils, and to devote to them such time and opportunities for study and practice as are necessary for a medical education. Their pupils will be admitted without fee to the lectures on midwifery in the Massachusetts Medical College, to the practice of the Massachusetts Hospital, and have opportunities for the study of practical anatomy under the immediate superintendence of Dr. Otis. Terms may be learned by calling on Dr. Otis, No. 8 Chambers street. Fuel, lights and rooms without charge.

Boston, August 19, 1840.

WALTER CHANNING,  
GEORGE W. OTIS, JR.

## RE-IMPROVED ROCKING TRUSSES.

MANUFACTURED at Shaker Village, N. H., and recommended by some of the leading physicians in that State, may be obtained at this office. Price, for the single truss, \$4; double, \$7. A discount to physicians who purchase to sell again.

March 10.

## VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.